RESPIRATORY MEDICINE (1998) **92**, 792–793

Letters to the Editor

Dear Editor

Epidemiologic studies of adult bronchial asthma in Turkey

We read the report by Saraçlar *et al.* with great interest (1). We agree that it is achievable to conduct epidemiologic studies with high response rates among children, especially in schools in turkey. However, the reverse is true for the adult population. The adults are fairly reluctant to release information about their health status, and tend not to participate in such surveys. In 1992, only 27% of questionnaire forms were returned by mail from 2500 employees – all of whom had graduated at least from high school – of an official bank despite repeated efforts. At present, a survey of 4500 retired persons via mail resulted in a response rate of 12% in the first attempt. In contrast, the same questionnaire was distributed to 4600 university students during the registration period in 1994, and 4331 persons (94%) responded (2). Thus, in order to maintain an acceptable response rate, epidemiologic health surveys may be conducted via face-to-face interview during registration, election or similar occasions in Turkey.

Participating in the asthma survey in Hacettepe University in 1994, there were 1884 males (43·5%) and mean age was $18{\cdot}5 \pm 2{\cdot}1$ years (2). The prevalence of wheezing during the last 12 months was 5·6% in males and 4·3% in females ($P<0{\cdot}05$). The prevalence of nocturnal awakening with shortness of breath during the last year was 1·4% and that of nocturnal awakening with cough 2·9% with no sex difference. Though only 15 persons (0·3%) reported an asthma attack in the same period, 2% of the study group reported awakening with the feeling of chest tightness and/or retrosternal pressure at least once during the last month. A survey of insect allergy among 786 persons including the factory workers and their families in Afyon, Çay revealed asthma in 27 persons (3·4%) (3). A nationwide multicentre study of bronchial asthma conducted in 1992 showed a prevalence of 6·2% among the control group of persons who did not have blood consanguinity with the asthmatic study group (4). The recent study by Saraçlar *et al.* (1) reveals that face-to-face surveys may achieve more than questionnaire surveys in Turkey. Epidemiologic surveys of bronchial asthma among adults with the same methodology – face-to-face questioning – are currently being carried out in Adana and İstanbul. We believe that the response rate to epidemiologic health surveys may be improved via broader distribution of the information gained.

There are also two reports on the asthma prevalence among Turkish adult immigrants in Europe. The first was conducted in Sweden, and the highest response rate was achieved via interview (5). The cumulative prevalence rates of bronchial asthma were 6·4% according to the mail questionnaire, 7·1% via questioning by a physician, and 15·5% via interview. Another survey revealed asthma prevalence of 5·8 and 14·5% in males and females, respectively among 350 Turkish immigrants in Belgium (6). The higher risk of occupational exposure – mostly cleaning companies – among female participants may possibly have a role for the higher prevalence rate reported. Further studies will hopefully shed light on both the prevalence rates and the responsible factors for the prevalence rates of bronchial asthma among Turkish adults.

A. F. KALYONCU, Z. T. SELÇUK, AND L. ÇÖLÛ
Hacettepe University, School of Medicine, Ankara, Turkey

References

1. Saraçlar Y, Çetinkaya F, Tuncer A *et al.* The prevalence of self-reported asthma and respiratory symptoms in Ankara, Turkey. *Respir Med* 1997; **19:** 461–463.
2. Kalyoncu AF, Karakoca Y, Demir AU *et al.* prevalence of asthma and allergic diseases in Turkish university students in Ankara. *Allergol Immunopathol* 1996; **24:** 152–157.
3. Kalyoncu AF, Demir AU, Özcan Û *et al.* Bee and wasp venom allergy. *Ann Allergy Asthma Immunol* 1997; **78:** 408–412.
4. Kalyoncu AF, Çöplü L, Selçuk ZT *et al.* Survey of the allergic status of patients with bronchical asthma in Turkey: a multicenter study. *Allergy* 1995; **50:** 451–455.
5. Kalyoncu AF, Stålenheim G. Survey on the allergic status in a Turkish population in Sweden. *Allergol Immunopathol* 1993; **21:** 11–14.
6. Vermeire P, van Hoof K, Willemen M *et al.* Duration since immigration and reporting of asthma symptoms among young adults of Turkish nationality in Antwerp (abstract). European Respiratory Society Annual Congress Nice, France, 1–5 October 1994. *Eur Respir J* 1994; Suppl. 18: 377s.

Reply to Drs Kalyoncu, Selçuk and Çöplü

As Dr Kalyoncu *et al.* point out in their letter, enrolment rate is one of the most important factors for survey type studies. It is true that face-to-face interview may produce higher response rates and more reliable results than questionnaire-based surveys. The participation rate was 90% in our study which was conducted during local

0954-6111/98/050792+02 $12.00/0